Albuquerque Bernalillo County Water Utility Authority Biweekly Insurance Rates FY2021 July 1, 2020 - June 30, 2021

Medical Insurance	Employee pa	ays 20% Uti	lity pays 80%	
Presbyterian My Care Health Plan				
	Employee*	Utility	Total	
Single	48.95	195.79	244.74	
Couple	99.59	398.38	497.97	
S/Parent	78.63	314.51	393.14	
Family	143.74	574.94	718.68	

,							
	Employee*	Utility	Total		Employee*	Utility	Total
ingle	48.95	195.79	244.74	Single	2.92	11.68	14.60
ouple	99.59	398.38	497.97	Couple	5.91	23.62	29.53
/Parent	78.63	314.51	393.14	S/Parent	6.49	25.95	32.44
amily	143.74	574.94	718.68	Family	8.78	35.14	43.92
ion Insurance	Employee pays 20% Utility pays 80%		Legal Insurance		Em	oloyee Paid	

Delta Dental

Vision Insurance	Employee pa	ıys 20% Uti	lity pays 80%
Davis Vision			
	Employee*	Utility	Total
Single	0.44	1.74	2.18
Couple	0.87	3.50	4.37
S/Parent	0.93	3.74	4.67
Family	1.52	6.08	7.60

Legal Insurance	Employee Paid
ARAG Legal	Employee*
Single	8.63
Employee +1	10.75
Family	11.03

Dental Insurance | Employee pays 20% Utility pays 80%

Short-Term Disability Insurance		Employee Paid	
Mutual of Omaha - Weekly Benefit = 60% base salary			
Rate per \$10 of Weekly Benefit			
	BW Rate	•	
All Ages	0.1482		
Long-Term Disabili	ty Insurance	Employee Paid	
Mutual of Omaha - Monthly Benefit = 60% base salary			
	Rate per \$100 of BW Salary		
Age	BW Rate*		
<30		0.1006	
30-39		0.1560	
40-44	0.2058		
45-49		0.2958	
50-54	0.3854		
FF F0		0.4507	

Basic Life and AD&D

Mutual of Omaha (100% Paid by Water Authority equal to 140% of gross annual salary up to a maximum of \$50,000)

Minumum	Maximum
\$25,000	\$50,000

	DVI Nate	
All Ages		0.1482
Long-Term Disabili	ty Insurance	Employee Paid
Mutual of Omaha - N	Ionthly Benefi	t = 60% base salary
	Rate per	\$100 of BW Salary
Age		BW Rate*
<30		0.1006
30-39		0.1560
40-44		0.2058
45-49		0.2958
50-54		0.3854
55-59		0.4597
60+		0.4754

Voluntary Term Life		Employee Paid
Mutual of Omaha E	Per \$1,000	
Age	Smoker	Non Smoker
<30	0.0397	0.0171
30-34	0.0503	0.0231
35-39	0.0835	0.0397
40-44	0.1172	0.0614
45-49	0.2211	0.1223
50-54	0.3337	0.1832
55-59	0.4878	0.2663
60-64	0.6203	0.3438
65-69	0.9185	0.5151
70-74	1.7529	0.9729
75+	2.7217	1.5143

Accident Insurance		Employee Paid	
The Hartford		BW Rates*	
Single		3.78	
Couple	5.95		
S/Parent	6.45		
Family	10.09		
Critical Illness Insurance			
Critical Illness Insur	ance	Employee Pai	
Critical Illness Insur Benefit Amount	ance \$15,000	Employee Paid \$30,000	
Benefit Amount	\$15,000	\$30,000	
Benefit Amount Single	\$15,000 11.46	\$30,000 22.38	
Benefit Amount Single Couple	\$15,000 11.46 16.89	\$30,000 22.38 32.74	

Mutual of Omaha Dependent Child Term Life		
Coverage	BW Rate	
\$2,500	0.24	
\$5,000	0.48	
\$7,500	0.72	
\$10,000	0.96	

Flexible Spending Account				
BASIC (medical, d	ependent care,	parking or transit fee)		
\$4.30	Utility Paid Monthly	Flex and Debit Card		
\$3.25	Utility Paid Monthly	Parking Transit		

^{*} Biweekly = monthly times 12 divided by 26